

Procedure Code	Description	Time Requirement
<b>Evaluations</b>		
T1001	Nursing Eval NOT for MET/IEP	N/A
T1001:HT	MET – Nursing Evaluation	N/A
T1001:TL	REED – Nursing Evaluation	N/A
T1001:TM	IEP – Nursing Evaluation	N/A
<b>Therapy/Treatments</b>		
G0108	Diabetes OP/SM Training Svc, Individual	Per 30 mins
G0109	Diabetes OP/SM Training Svc, Group	Per 30 mins
H0034	Medication Training and Support	Per 15 mins
T1002	Nursing Service	Per 15 mins
<b>Non-Billable</b>	<p><b>Consult Only</b> – Use for logging students with consult only services listed in the Program &amp; Services section of their IEP</p> <p><b>Monitoring</b> – Use for logging students with monitoring service listed in the Accommodation section of their IEP</p> <p><b>Behavior Plan Meeting</b> – use to log for students with a behavior plan</p> <p><b>Communications</b> – Use to log communications with parent, other providers, staff,</p> <p><b>Attendance</b> - Use to log when a student is missing therapy(ies) due to absences</p> <p><b>No School Day</b> – Use to document snow days or other no school day</p> <p><b>Record Keeping</b> – Use for any student record keeping purposes you want to track</p> <p><b>Student Observation</b> – Use to document time observing students for evaluation purposes</p>	N/A

**Annual Requirements:**

- Nursing direct service interventions require a physician, physician's assistant or certified nurse practitioner's written order when the initial need for services is determined
- Direct service interventions must be reviewed and revised annually or as medically necessary by the student's attending physician. The nurse is responsible for notifying the attending physician of any changes in the student's condition which may result in a change or modification of the care plan.
- Direct services are only reportable if the student's IEP includes "**Direct**" or "**Direct/Consult**" services with a time and frequency.

**SERVICE DETAIL (DAILY):**

1. Reference each type of service claimed including assessments and participation in the multi-disciplinary team assessment
2. Describe what actually occurred on the date of service. Ensure that the Service Detail Note (daily note) is sufficiently detailed to allow reconstruction of what transpired for each service billed.
3. Indicate the result of the therapy session (student's response).

**Example of Service Note Detail:** T1002 – Administered breathing treatment via nebulizer per doctor's order without difficulty.

**MONTHLY SUMMARY (PROGRESS) NOTES:**

1. Summarize (evaluate) the student's monthly progress toward your medical/health related goal.
2. Include any changes in medical/mental status and changes in treatment with rationale for change.
3. Service Detail (Daily) Notes and Monthly (Progress) Summary Notes must not match.

**Example of Summary Note:** Breathing treatments ordered due to history of asthma and abnormal trachea. Treatments delivered via nebulizer without difficulty.

**RECORD KEEPING:** Keep copies of all supporting documentation related to this service for a period of 8 years (FY+7) regardless of change in ownership or termination of participation in Medicaid.